

**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: City of Bridgeton County: Cumberland  
 Employee Organization: New Jersey Civil Service Association Cumberland County Council #18 Employees in Unit: 42  
 Base Year Contract Term: 7/1/2011 6/30/2015 New Contract Term 7/1/2015 12/31/2018  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$1,371,037	\$1,371,037
Item 2 .....	Increment	\$0	\$25,514
Item 3 .....	Longevity	\$0	\$0
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals</b> - Sum of costs in each column		\$1,371,037 (Total)	\$1,396,551 (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,371,037				
<b>Effective Date (m/d/yyyy)</b>	<b>7/1/2015</b>	<b>1/1/2016</b>	<b>1/1/2017</b>	<b>1/1/2018</b>	
Percent Increase .....	1.5	2.59	3.59	2.5	
Total cost of increase ..	\$25,514	\$36,155	\$51,471	\$37,104	
Total base salary (successor agreement) .....	\$1,396,551	\$1,432,706	\$1,484,177	\$1,521,282	

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 3.01  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_

**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan .....	\$450,482				
Employee Contributions .....	\$46,518				
Prescription .....					
Dental .....					
Vision .....					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

**Section VII**

Prepared by:

D E Goodreau

Title: Business Administrator

Print Name

Dale E. Goodreau

Date: 11/23/2015

Signature